

Case Number:	CM14-0097128		
Date Assigned:	07/28/2014	Date of Injury:	06/14/2014
Decision Date:	09/15/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported an injury on 12/02/2010 due to unknown mechanisms. The injured worker's diagnoses were lumbar facet joint arthropathy, lumbar degenerative disc disease, lumbar sprain and strain, central disc protrusion at L5-S1 with neural foraminal stenosis, and left lumbar facet joint pain at L3-S1. The injured worker's past treatments included lumbar facet joint injection of the L4-5 and left L5-S1 facet joint, medial branch block confirmed by positive diagnostic fluoroscopic guide, electrodiagnostic testing, and medication therapy. The injured worker complained of low back pain radiating to the left buttocks and reports pain at 8/10. On physical exam dated 06/04/2014 there was tenderness upon palpation of the left lumbar paraspinal muscle overlaying the left L3-S1 facet joints. The lumbar range of motion was restricted by pain in all directions. Lumbar discogenic and facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally. The injured worker's medications were oxycodone 20 mg, promethazine 25 mg, and OxyContin 40 mg. The treatment plan was for request of oxycodone 30 mg #120. The rationale for the request was not provided with documentation. The Request for Authorization form dated 06/04/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for oxycodone 30 mg #120 is not medically necessary. California MTUS Guidelines recommend the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend a use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker has been utilizing the medication since at least year /2013. The provider failed to document a complete and adequate pain assessment. There is lack of documentation of efficacy of the medication within the medical records indicating significant functional improvement. Additionally, the use of a urine drug screen was not provided. The frequency of the medication was not mentioned for the proposed request. As such, the request is not medically necessary.